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## CANCER MORTALITY IN THE TEN ORIGINAL REGISTRATION STATES

**Trend for the Period 1900-1920<sup>1</sup>**

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The progressive increase in the cancer death rates shown in the mortality statistics in practically all civilized countries has invited the serious attention of students of the public health. The more optimistic are of the opinion that these increases in the death rate may be accounted for by improvements in medical diagnosis, increase in the accuracy of vital statistics in general, greater precision in filling out death returns, changes in the age distribution of the population, and similar factors.

Yet others are inclined to a gloomier view of the situation. They hold that the magnitude of the observed increases in the death rate is too great, too general in its distribution, to be accounted for in any such way, so that the apparent is also an actual increase in the cancer mortality.

Because of the importance and interest of this question, it was thought well worth while to attempt a critical analysis of the course of the cancer mortality in the 10 original registration States, i. e., Connecticut, Indiana, Maine, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Rhode Island, and Vermont. This area was chosen because it is the only one available in this country for continuous study over the selected period of 21 years, as the other States now forming the registration area were added from time to time to the original 10.

Moreover, these States, with the exception of Indiana and Michigan, were all situated in a similar geographic section. The population, about 19,800,000 in 1900, and more than 27,000,000 in 1920, represents about 25 per cent of the total population of the United States, and hence is sufficiently large to give considerable mass value to the data. Besides this, the population is about as homogeneous a group as we are likely to get in a country made up of such diverse racial stocks as ours, and it exhibited about the same changes in racial composition, owing to immigration during the period of observation.

<sup>1</sup> Read before the Section on Preventive and Industrial Medicine and Public Health at the seventy-sixth annual session of the American Medical Association, Atlantic City, N. J., May, 1925. From the *Journal of the American Medical Association*, vol. 85, No. 16, October 17, 1925, pp. 1175-1179.

The source of the data for analysis was the published mortality statistics of the United States Bureau of the Census, and the decennial census reports.

The following method of study and analysis was employed:

Taking the enumerated populations of "all ages," and also for the specific age groups "under 5 years," 5-9, 10-19, 20-29, 30-39, 40-49, 50-59, 60-69, "70 years and over" as given in the United States census reports of 1900, 1910, 1920, the intercensal population of all ages and by specific age groups was estimated by the arithmetical method. In estimating the population, compilations were made as of January 1 instead of July 1, because of slightly greater convenience, while at the same time no sensible error in the comparative validity of the tables was introduced. Since specific age groups were dealt with, the population of unknown age was omitted from the estimated figures.

General cancer death rates and specific death rates were then computed, first, for all forms of cancer and then for cancer by the seat of organ affected, the international classification<sup>1</sup> being used. In the case of cancer of the breast and cancer of the female genital organs, rates were computed on the basis of the estimated female population, as cancer of the breast is almost wholly, and cancer of the female genital organs exclusively, confined to that sex.

The extent of death certification by medical men, the changes and improvements in the practice of death certification and in diagnosis, the corrections to be applied for changing age distribution, and finally changes in racial stock due to immigration and the effects of these factors on the mortality rates were each considered in their turn. The results of this analysis and interpretation of the data are now in the process of publication. They are entirely too long to be given in extenso here. However, by using a somewhat different method of age grouping, the main results of the inquiry, their interpretation, and the resulting conclusions may be briefly presented.

The population aged 40 years and over is the important age group, so far as cancer mortality is concerned. In 1900, in the States under consideration, this age group furnished about 89.8 per cent, and in 1920 about 92.5 per cent of all the cancer deaths.

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<sup>1</sup> In the international classification of causes of death, cancers are thus divided: The general rubric is "cancer and other malignant tumors" which, in turn, is subdivided into: (1) Cancer of the buccal cavity; (2) cancer of the stomach and liver; (3) cancer of the peritoneum, intestines, and rectum; (4) cancer of the female genital organs; (5) cancer of the breast; (6) cancer of the skin; (7) cancer of other organs or of organs not specified. It should be noted that this classification was not quite uniform for the 21 years. Thus, prior to 1910, we find the rubrics "cancer of the mouth" and "cancer of the intestines" in the place of "cancer of the buccal cavity" and "cancer of the peritoneum, intestines, and rectum." These differences in classification may have had some effect on the figures, though this was probably small.

The population 40 years and over of the 10 original registration States was 5,313,459 in 1900; in 1920, 8,145,709. It has the age distribution given in Table 1.

TABLE 1.—*Age distribution of 10 original registration States*

Age group	1900		1920	
	Population	Per cent	Population	Per cent
40-49.....	2,228,723	41.94	3,421,204	42.00
50-59.....	1,534,625	28.88	2,431,602	29.85
60-69.....	963,991	18.14	1,453,490	17.84
70.....	586,120	11.03	839,413	10.30
Total.....	5,313,459	99.99	8,145,709	99.99

From this age distribution the somewhat unexpected fact is noted that, in spite of the increase in the median age of the general population that has taken place since 1900, in the population aged 40 years and over, the proportion of elderly persons 60 years and over was greater in 1900 than it was in 1920 (29.17 and 28.14 per cent, respectively). If we redistribute the 1920 population of 40 years and over according to the 1900 percentage composition and apply the appropriate 1920 cancer death rates to each of the resulting age groups, it is found that instead of the 25,368 that were reported for this section of the population, 25,806 deaths would have occurred. This corresponds to a rate of 316.8 per 100,000, or 5.4 points higher than the observed 1920 rate of 311.4.

From this it follows that the cancer death rates in this group of the population may be compared for the period of 1900-1920 without the necessity of introducing any correction for a changing age distribution, as any correction for this factor would have the effect of slightly increasing instead of lowering the rates of the later years of the period.

Therefore, we arrive immediately at the conclusion that any increases observed in the cancer deaths of this group of the population are independent of changes that may have taken place in the age distribution.

Chart 1 and Table 2 show the changes that have occurred in the death rates from cancer of all forms, and by site of the organ affected in the population 40 years and over, the rates for cancer of the breast and cancer of the female genital organs being based on the female population 40 years and over, which has practically the same age distribution as that of the male.

From this chart and table it is obvious that pronounced increases have taken place in the death rate from cancer of all forms, and in nearly all the cancers of the different organ seats, the only exception

being the rubric, "other organs or organs not specified," of which more will be said later.

Comparing the initial and the final rates, the percentage increases given in Table 3 are observed. It is apparent that with the exception of cancers of the skin and cancers of other organs or organs not specified, the increases have been pronounced and striking. Cancers of the peritoneum, intestines, and rectum have shown the greatest

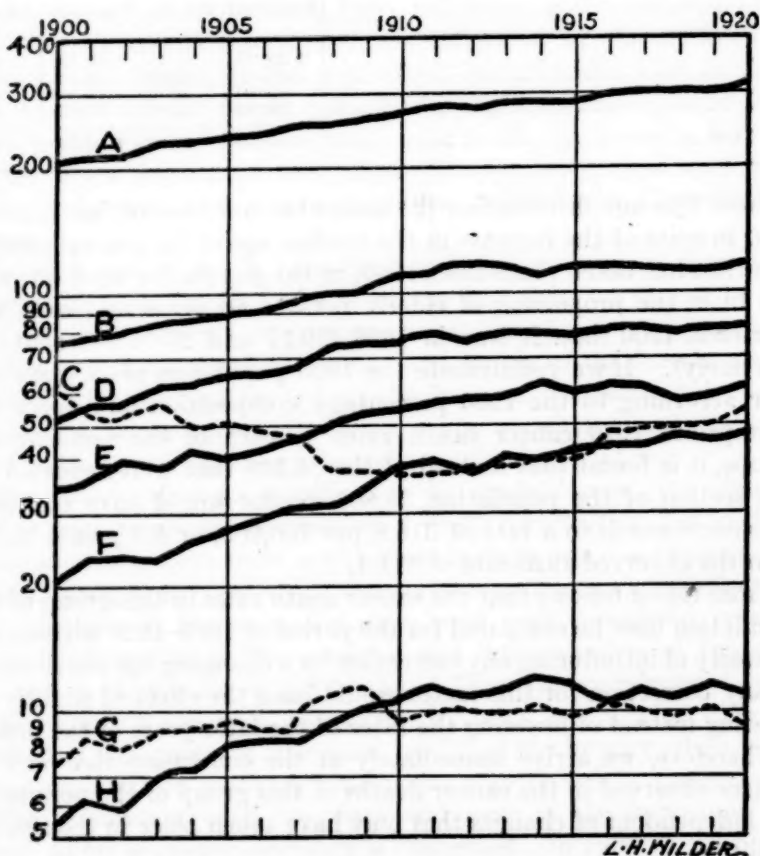


CHART 1.—Death rate, per hundred thousand of population, from all forms of cancer and by site of organ affected, in age group 40 years and over, in the registration States of 1900 for the period 1900-1920: A, cancer, all forms; B, stomach and liver; C, other organs or organs not specified; D, female genital organs; E, female breast; F, peritoneum, intestine and rectum; G, skin; H, buccal cavity.

advance, the percentage increase over the 1900 rate being 148.4. Cancers of the skin, on the other hand, as shown by the chart, have shown no increase in the rate since about 1909, while the curve for other organs, or organs not specified, is different from that for other varieties of cancer, in that the curve shows a pronounced downward concavity.

TABLE 2.—*Death rate from cancer*<sup>1</sup>

Year	Cancer, all forms	Buccal cavity	Stomach and liver	Periton- eum, in- testine and rectum	Female <sup>2</sup> genital organs	Breast <sup>2</sup>	Skin	Other or un- specified organs
1900	212.0	5.50	77.1	19.0	51.0	34.4	7.36	60.75
1901	218.1	6.13	78.1	23.7	56.7	36.6	8.59	55.4
1902	217.4	6.0	80.6	23.69	55.9	39.5	8.06	51.65
1903	227.9	6.84	85.0	22.95	60.4	39.5	8.79	54.85
1904	232.2	7.25	86.2	25.03	61.9	42.3	8.98	50.4
1905	238.8	8.06	90.8	27.48	63.6	41.2	9.13	51.4
1906	240.0	8.11	91.6	29.2	62.6	42.7	8.79	50.3
1907	248.5	8.35	96.2	30.91	65.8	46.6	9.95	47.45
1908	251.0	9.14	99.3	31.44	74.5	50.1	10.91	38.6
1909	259.0	10.08	102.1	34.9	75.7	53.0	11.0	37.37
1910	270.8	10.4	109.0	38.28	77.8	54.2	9.46	38.61
1911	273.8	11.35	107.5	39.5	80.7	55.9	9.81	38.12
1912	278.0	10.82	112.5	38.49	78.8	57.2	10.07	38.91
1913	286.0	10.98	114.0	42.2	82.3	56.5	9.69	40.5
1914	286.0	12.24	107.0	41.88	83.1	64.0	10.19	42.11
1915	293.2	11.51	114.5	44.38	81.2	59.8	9.81	43.45
1916	300.0	10.54	115.1	44.96	83.6	61.6	10.47	47.21
1917	301.4	11.25	114.1	45.0	84.3	62.0	10.13	48.55
1918	299.7	10.74	113.6	46.95	82.6	58.3	9.57	49.03
1919	302.3	11.25	114.1	45.45	84.4	59.5	10.11	50.2
1920	311.4	11.18	116.2	47.2	84.0	62.8	9.38	54.9

<sup>1</sup> The rate given is that for each 100,000 of population, aged 40 years and over, all forms and by site of organ affected, in the 10 registration states of 1900, for the period 1900-1920.

<sup>2</sup> These rates figured on women, aged 40 and over.

TABLE 3.—*Percentage increases in death rate from cancer of all forms*

	Death rate per 100,000		Per cent increase
	1900	1920	
Cancer, all forms	212.0	311.4	46.9
Buccal cavity	5.5	11.18	103.4
Stomach and liver	77.1	116.2	50.7
Peritoneum, intestines and rectum	19.0	47.2	148.4
Female genital organs <sup>1</sup>	51.0	84.0	64.7
Breast <sup>2</sup>	34.4	62.8	82.6
Skin	7.36	9.38	27.4
Other organs or organs not specified	60.75	54.9	<sup>2</sup> 9.6

<sup>1</sup> Female population 40 years and over.

<sup>2</sup> Decrease.

As explained by the Census Bureau, the form of this curve is undoubtedly due to increased precision in stating the site of the malignant growth on the death certificate, the fuller information resulting from the efforts of the Census Bureau and local registrars to improve death registration, permitting the assignment of a larger proportion of cancers to the proper seat of the disease.

Reference to the curve, however, shows us that apparently this gain in accuracy, which produced a striking drop in the mortality rate under this rubric in the period 1900-1909, became stabilized at about that time, as the curve for this classification of cancer shows a steady rise, the percentage increase in the rate from 1910 (the low point) to 1920 being 47 per cent. Since the precision of death certification was presumably as great in 1920 as in 1910, this rise in the



death rate curve from that year must be due to an increase in the reported number of deaths of persons 40 years and over from cancers of this class. The types of cancer classified by the Census Bureau under the rubric "cancer of other organs or organs not specified" are cancer of the larynx, lungs and pleura, pancreas, kidneys and suprarenals, prostate, bladder, brain, bones (except jaw), testes, and others of this class.

On the face of things, in the population 40 years and over, and independent of any change in age distribution, there has been a pronounced increase in all forms of cancer and of cancer of nearly all the specified sites. Before accepting this as an actual increase in the cancer mortality, however, we should subject these data to some interpretation.

The validity of mortality returns are, of course, importantly affected by the extent to which causes of death are reported by members of the medical profession and not by laymen, as is too often permitted.

However, so far as the States in question are concerned, inquiry showed that practically 100 per cent of death returns for the period under consideration were signed by duly licensed physicians, and consequently the diagnostic error was that inherent in the diagnoses of the medical profession in general, uncomplicated by errors due to the reporting of deaths by laymen.

Statistically, therefore, the mortality statistics of the 10 original registration States have a high degree of validity and from this standpoint are much more reliable than those of certain foreign countries that permit laymen to certify to causes of death.

As Willcox points out, another factor that may alter the reliability of death returns is the extent of available medical services. In regions where physicians are scarce the death returns are less trustworthy than where they are plentiful.

From this standpoint, however, the 10 States considered have little to be desired. In 1906 the total number of physicians in these States was 33,127, a ratio to the population of 1:666. In 1921 this number was 39,389, a ratio of 1:708.

From this it is evident that in these registration States the ratio of medical men to the general population is very high, more than twice as high, for instance, as in England or in Germany. This betokens a high degree of availability of medical services for diagnosis and treatment of the sick. Moreover, we could not ascribe part of the observed increase in the cancer death rates to increase in the availability of medical services, as the ratio of physicians to the general population was slightly greater during the early years of the period of observation than it was later.

Consequently, since no correction resulting either from lack of medical certification or available medical services need be applied to these rates, the remaining elements that should be examined for trustworthiness, and suitably corrected if need be, consist in allowances that should be made for improvements in the precision and accuracy in returning causes of death, progress in medical diagnosis, and the influence on the cancer death rate due to the changes wrought in the racial stock by immigration.

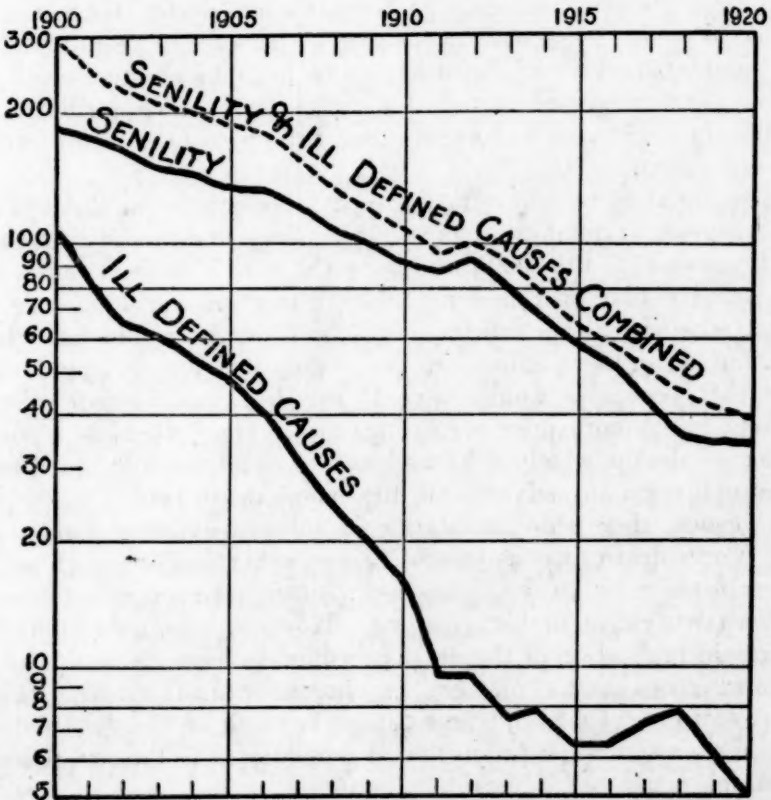


CHART 2.—Death rate per hundred thousand population, from senility, ill-defined causes, and the combined rate, in age group 40 years and over, in the registration States of 1900 for the period 1900-1920.

Even casual examination of the mortality returns over a series of years shows that a pronounced change in the direction of greater precision and detail in the filling out of death certificates must have taken place. An important improvement in this direction is demonstrated, as pointed out by Willcox, by Howard, and by others, but the great changes that have taken place in the deaths reported in this age group are due to "indefinite" causes and to senility. This is well shown in Chart 2.

While the general death rate in persons 40 years and over has shown but little change during the period of observation, this chart shows that the death rate from "ill-defined" causes fell during the 21-year period from 108 to 5, a decrease of more than 95 per cent. In similar fashion, the mortality rate from senility declined from 185 in 1900 to 34.1 in 1920, a decrease of nearly 82 per cent.

The drop in the combined death rate from these causes has been from 293 in 1900 to 39.1 in 1920, a decrease of nearly 87 per cent.

Since there has been no significant change during the period of observation in the general death rate of persons 40 years and over the great reduction in the death rates from indefinite causes and senility must have been effected by a gradual redistribution of deaths formerly reported under these rubrics to other more precise classifications.

The observed reduction in the reported deaths from these causes is thus good testimony to increasing accuracy and precision in death certification. If the 1920 rate for deaths from ill-defined causes and for senility had prevailed in 1900, instead of the 15,568 deaths reported under these rubrics, only 2,077 deaths would have been attributed to these causes in the population 40 years and over. For that year, this would leave 13,491 deaths to be redistributed among other more precise classifications. Here, then, is a source of excess deaths which, if all assigned to cancer, would much more than obliterate any advances in the cancer death rate.

Of course, there is no justification for any such extreme correction of the cancer death rate, as besides cancer, other diseases, such as diseases of the circulatory system, have shown even more dramatic increases than cancer in this age group. However, we must assume that a certain proportion of the deaths certified to formerly as due to ill-defined causes and to "old age" were in reality due to cancer. It is of interest to see what adjustment must be made in the cancer death rate if we assign a fair proportion of these deaths to the cancer classification.

Since the number of deaths in persons under 60 reported as due to senility is negligible, we must divide our age group 40 and over into two subgroups, one aged 40-59, and the other 60 and over.

In the first group, in 1900 there were 1,331 deaths reported as due to ill-defined causes and senility, as against 152 in 1920. Had the 1920 rate prevailed in 1900, only 98 deaths would have been reported as due to these causes, leaving a difference of 1,233 deaths to be distributed among other causes of death. In 1920 the deaths from cancer formed 13.7 per cent of all deaths in this group with the exception of those due to senility and to ill-defined causes. So, if for the sake of liberal adjustment we add 13.7 per cent of the excess deaths to be redistributed, 169 additional deaths attributable to cancer



result, to be added to the 5,043 reported deaths, making a total of 5,212 deaths. The adjusted rate resulting from this addition is 138.5 instead of 134.

As the 1920 rate was 176.7, the difference between this and the adjusted 1900 rate for this group is 38.2 instead of 42.7 points. Since 38.2 is about 89.5 per cent of 42.7, a little more than 10 per cent of the increase in the cancer death rate in this group may be ascribed to greater precision in certifying causes of death.

Treating the age group 60 and over in similar fashion, we find that in 1900, 14,237 deaths were reported as due to senility and to ill-defined causes. Substituting the 1920 rate of 13.2, only 3,033 deaths would have resulted, leaving 12,188 deaths to be reassigned under more definite classifications. Since, in 1920, 10.6 per cent of all deaths in this age group (except those due to senility and to ill-defined causes) were due to cancer, 10.6 per cent of 12,188 gives 1,292 deaths to be added to the 6,220 reported cancer deaths. This gives an adjusted rate of 484.6, as compared with the observed rate of 401.3. The differences between the reported and adjusted 1900 rate and the 1920 rate are 253.9 and 170.6, respectively, corresponding to percentage increases of 63.3 and 35.2.

Since 170.6 is about 67 per cent of 253.9, 33 per cent of the observed increase could be explained by transfer to the cancer column of deaths in which the cause was erroneously reported as due to senility or other ill-defined causes.

In making this correction, it has been assumed that the excess deaths are assigned to other causes in the proportion these have to the total deaths from all causes in each age group, the 1920 percentage of cancer, the highest observed, being used in this case.

Willcox believes that this method of correction tends to underestimate rather than overestimate the transfer, since the modern tendency is away from vague and indefinite to specific and definite causes of death. Hence, he believes that there has been a greater tendency to certify cancer, with the increase in precision of death certification, than would be indicated by its chance frequency as a cause of death.

It is believed, however, that the method of correction is liberal for the following reasons: In the first place, the 1920 percentage that cancer formed of all deaths is used, thus representing the more nearly stabilized practices of present day death certification. The circumstance is ignored that, if cancer has actually increased, there would naturally be to-day a higher percentage of cancer among all deaths than formerly.

Again, we include in the cancer deaths a large number of deaths due to cancer of accessible sites, such as the buccal cavity, breast, female genital organs and skin, about which, as is conceded, errors, so far as

death certification is concerned, hardly ever occur. In fact, with regard to such types of cancer, it may be concluded that throughout the entire period of observation the tendency to report a vague and indefinite, rather than a specific cause of death was negligible as compared to other varieties of cancer, and very much less than for other causes of death, such as organic diseases of the heart.

There is still another correction that must be discussed. While the cancer death rate has been increasing, that due to nonmalignant tumors has been falling. In 1900, the rate was a little over 12 per hundred thousand for persons 40 years and over, while in 1920 it was but 7.9. Had the latter rate prevailed in 1900, only 420 instead of 646 deaths would have occurred. This gives a difference of 226 deaths reported as nonmalignant but which, presumably, were due to cancer.

Let us now review briefly how matters stand as to the various adjustments that should be made in this group.

TABLE 4.—*Redistribution*

Age group	Transfers to cancer from—	Deaths
40-59 years.....	"Ill-defined" deaths.....	169
60 years.....	"Ill-defined" deaths and senility.....	1,292
40 years.....	Nonmalignant to malignant tumors.....	226
	Total.....	1,687

In regard to changing age distribution, it has already been pointed out that if the population aged 40 and over were redistributed according to the age constitution prevailing in 1900, the 1920 rate of 311.4 should be somewhat increased, to 316.8. This rate is greater than the observed rate of 212 in 1900 by 49.5 per cent. In 1900 there were reported 11,263 cancer deaths in this group. As a result of the previous computations, the number of deaths given in Table 4 should be added to this figure.

This total, added to the 11,263 already reported, gives 12,950 deaths. This yields a death rate per hundred thousand of 243.9, 31.9 points higher than the observed rate of 212.

This adjusted rate is less than the 1920 rate adjusted for change in age distribution of 316.8 by 72.9 points. This corresponds to an increase of 29.9 instead of 49.5 per cent. As 72.9 is about 69.5 per cent of 104.8 (the difference between the 1920 adjusted and the 1900 observed rate), a little more than 30 per cent of the increase in this age group could be attributed to greater precision and more accuracy in returning the causes of death.

One aspect that must be considered in connection with the increase in cancer mortality is the extent to which general improvement in diagnostic skill may have contributed to such increase. It must, however, be borne in mind that here we are dealing, not with im-

provement in the early diagnosis of cancer, when there is still hope of arresting the disease, but with the diagnosis of cancer in its terminal stages.

From this standpoint, and especially in the recognition of cancers of the accessible sites, such as the buccal cavity, the breast, and the female genital organs, it is doubtful whether the physicians of 1900 were much, if at all, inferior to their brethren of to-day.

Yet the death rates of some of these cancers of accessible sites, such as the buccal cavity, the breast, and the uterus, show a higher percentage increase than that of an inaccessible site, such as cancer of the stomach and liver.

This is shown by the following percentage increase in the rates: Cancer of the buccal cavity, 103.4 per cent; cancer of the uterus, 64.7 per cent; cancer of the breast, 82.6 per cent; cancer of the stomach and liver, 50.7 per cent.

It is true that the disproportionate increase in the death rate from cancer of the peritoneum, intestine, and rectum would indicate some improvement in the diagnosis of these types of cancer. The evidence just given, however, is somewhat weakened by the failure of skin cancer to advance since about 1910.

While no completely satisfactory explanation is at hand, we may suppose here that the superficial situation, generally lower malignancy, greater amenability both to surgical removal and to radiotherapy, and the much higher average age at death may be cited as factors that would explain the failure of skin cancers to advance *paripassu* with the other varieties.

Before concluding, let me refer briefly to one other point. This is the probable effect on the cancer death rate of the changes in racial stock effected by immigration during this period. It is well known that the character of immigration has been changing. Formerly, immigrants originated mainly from northern and western Europe. Now they come mainly from southern and eastern Europe. The races contributing to the "old" immigration have been the English, Celtic, Teutonic, and Scandinavian. The predominant racial stocks in the "new" immigration are Italian and Slavic.

Since the reported cancer death rates in the latter stocks, so far as statistics are available, seem lower, and certainly are no higher than in the racial stock that originated the old immigration, we may assume that the changes in racial stock due to immigration had, if anything, a tendency to lower rather than to raise the prevailing cancer death rates.

#### CONCLUSIONS

1. There has been a pronounced increase in the observed death rate from cancer in persons 40 years and over in that part of the United States known as the 10 original registration States.

2. Part of this increase (about 30 per cent) is due to greater precision and accuracy in the filling out of death returns.

3. The remainder, however, is an actual increase in the mortality resulting in a death rate between 25 and 30 per cent higher than it was 21 years ago.

### PRINCIPAL CAUSES OF DEATH, 1924

The Department of Commerce announces that 1,173,990 deaths occurred in 1924 within the death registration area of continental United States, representing a death rate of 11.9 per 1,000 population as compared with 12.3 in 1923, 11.8 in 1922 and 11.6 in 1921.

The death registration area (exclusive of the Territory of Hawaii) in 1924 comprised 39 States, the District of Columbia, and 18 cities in nonregistration States, with a total estimated population on July 1 of 99,030,494, or 88.4 per cent of the estimated population of the United States.

The decrease in the rates from influenza, from 44.7 per 100,000 population in 1923 to 19.6 in 1924, and from pneumonia, all forms, from 109 to 98.4, accounts for nearly three-fourths of the decrease in the rate from all causes. Some of the other causes for which the rates decreased are measles, diphtheria, diarrhea and enteritis (under two years), and tuberculosis (all forms).

Slight increases appear in the death rates from diseases of the heart, cancer, and automobile accidents.

The following table shows for the death registration area in continental United States in 1923 and 1924, the total number of deaths and the death rates from leading causes.

Cause of death	Deaths in the registration area (exclusive of Hawaii)			
	Number		Rate per 100,000 estimated population	
	1924	1923	1924	1923
All causes <sup>1</sup> .....	1,173,990	1,193,017	1,185.5	1,230.1
Typhoid and paratyphoid fever.....	6,677	6,635	6.7	6.8
Malaria.....	2,441	2,736	2.5	2.8
Smallpox.....	574	131	0.9	0.1
Measles.....	8,517	10,450	8.6	10.8
Scarlet fever.....	3,122	3,440	3.2	3.5
Whooping cough.....	8,188	9,440	8.3	9.7
Diphtheria.....	9,316	11,733	9.4	12.1
Influenza.....	19,374	43,370	19.6	44.7
Dysentery.....	2,946	3,118	3.0	3.2
Erysipelas.....	2,458	2,593	2.5	2.7
Lethargic encephalitis.....	1,441	1,966	1.5	2.0
Meningococcus meningitis.....	964	1,026	1.0	1.1
Tuberculosis (all forms).....	89,724	90,732	90.6	93.6
Of the respiratory system.....	78,096	79,534	78.9	82.0
Of the meninges, central nervous system.....	4,014	4,010	4.1	4.1
Other forms.....	7,614	7,188	7.7	7.4

<sup>1</sup> Exclusive of stillbirths.

Cause of death	Deaths in the registration area (exclusive of Hawaii)			
	Number		Rate per 100,000 estimated population	
	1924	1923	1924	1923
Syphilis <sup>2</sup> .....	16,248	15,811	16.4	16.3
Cancer and other malignant tumors.....	91,138	86,754	92.0	89.4
Rheumatism.....	4,548	4,064	4.6	4.2
Pellagra.....	2,347	2,352	2.4	2.4
Diabetes mellitus.....	16,453	17,357	16.6	17.9
Meningitis (nonepidemic).....	3,366	3,652	3.4	3.8
Cerebral hemorrhage and softening.....	91,941	87,707	92.8	90.4
Paralysis without specified cause.....	5,957	6,056	6.0	6.2
Diseases of the heart.....	176,671	170,033	178.4	175.3
Diseases of the arteries, atheroma, aneurysm, etc.....	23,278	22,085	23.5	22.8
Bronchitis.....	7,207	8,815	7.3	9.1
Pneumonia (all forms).....	97,403	105,680	98.4	100.0
Respiratory diseases other than bronchitis and pneumonia (all forms).....	8,998	9,550	9.1	9.8
Diarrhea and enteritis (total).....	34,482	38,793	34.8	39.9
Diarrhea and enteritis (under 2 years).....	27,566	31,444	27.8	32.4
Diarrhea and enteritis (2 years and over).....	6,916	7,259	7.0	7.5
Appendicitis and typhlitis.....	14,788	14,345	14.9	14.8
Hernia, intestinal obstruction.....	10,480	10,211	10.6	10.6
Cirrhosis of the liver.....	7,344	7,027	7.4	7.2
Nephritis.....	88,863	87,378	89.7	90.1
Puerperal septicemia.....	5,745	5,657	5.8	5.8
Puerperal causes other than puerperal septicemia.....	9,630	9,448	9.7	9.7
Congenital malformations and diseases of early infancy.....	77,653	75,626	78.4	78.0
Suicide.....	12,061	11,287	12.2	11.6
Homicide.....	8,420	7,878	8.5	8.1
Accidental and unspecified external causes (total).....	75,745	74,131	76.5	76.4
Burns (conflagration excepted).....	6,895	6,503	7.0	6.7
Accidental drowning.....	6,490	5,976	6.6	6.2
Accidental shooting.....	2,571	2,578	2.6	2.7
Accidental falls.....	12,955	12,378	13.1	12.8
Mine accidents.....	2,234	2,207	2.3	2.3
Machinery accidents.....	2,652	2,224	2.1	2.3
Railroad accidents.....	6,430	7,100	6.5	7.3
Street-car accidents.....	1,623	1,757	1.6	1.8
Automobile accidents <sup>3</sup> .....	15,528	14,411	15.7	14.9
Injuries by vehicles other than railroad cars, street cars, and automobiles <sup>4</sup> .....	1,680	1,806	1.7	1.9
Excessive heat (burns excepted).....	409	529	0.4	0.5
Other external causes.....	16,878	16,662	17.0	17.2
All other defined causes.....	169,646	167,402	110.7	110.7
Unknown or ill-defined causes.....	17,536	16,638	17.7	17.2

<sup>2</sup> Includes tabes dorsalis (locomotor ataxia) and general paralysis of the insane.

<sup>3</sup> Does not include deaths from collisions with steam and street cars.

<sup>4</sup> Includes airplane, balloon, and motor-cycle accidents.

## DEATHS DURING WEEK ENDED DECEMBER 19, 1925

Summary of information received by telegraph from industrial insurance companies for week ended December 19, 1925, and corresponding week of 1924. (From the Weekly Health Index, December 22, 1925, issued by the Bureau of the Census, Department of Commerce)

	Week ended Dec. 19, 1925	Corresponding week, 1924
Policies in force.....	62,410,497	57,951,439
Number of death claims.....	12,148	11,548
Death claims per 1,000 policies in force, annual rate..	10.1	10.4



*Deaths from all causes in certain large cities of the United States during the week ended December 19, 1925, infant mortality, annual death rate, and comparison with corresponding week of 1924. (From the Weekly Health Index, December 22, 1925, issued by the Bureau of the Census, Department of Commerce)*

City	Week ended Dec. 19, 1925		Annual death rate per 1,000 corresponding week, 1924	Deaths under 1 year		Infant mortality rate week ended Dec. 19, 1925 <sup>1</sup>
	Total deaths	Death rate <sup>1</sup>		Week ended Dec. 19, 1925	Corresponding week, 1924	
Total (65 cities).....	7,112	13.0	13.2	769	808	163
Akron.....	40			3	6	33
Albany.....	52	22.7	14.1	3	3	65
Atlanta.....	78			10	12	
White.....	44			7		
Colored.....	34	( <sup>2</sup> )		3		
Baltimore.....	204	13.4	16.4	15	31	45
White.....	160			11		40
Colored.....	44	( <sup>2</sup> )		4		64
Birmingham.....	79	20.0	22.6	3	12	
White.....	46			1		
Colored.....	33	( <sup>2</sup> )		2		
Boston.....	231	15.4	14.4	31	31	82
Bridgeport.....	33			6	6	96
Buffalo.....	145	13.7	14.2	20	17	81
Cambridge.....	31	14.4	13.5	6	1	100
Camden.....	30	12.2	11.1	4	5	64
Chicago.....	702	12.2	12.8	80	100	71
Cincinnati.....	139	17.7	15.6	17	13	101
Cleveland.....	184	10.2	12.7	30	34	75
Columbus.....	65	12.1	14.8	3	7	28
Dallas.....	61	16.4	14.7	18	7	
White.....	51			16		
Colored.....	10	( <sup>2</sup> )		2		
Denver.....	79	14.7	13.8	7	10	
Des Moines.....	23	8.0	9.3	0	3	0
Detroit.....	274	11.5	9.4	45	45	77
Duluth.....	24	11.3	7.7	2	5	43
El Paso.....	25	12.4	13.0	4	6	
Erie.....	28			7	2	136
Fall River.....	26	11.2	13.4	5	6	73
Flint.....	19	7.6	4.6	5	4	79
Fort Worth.....	30	10.3	8.1	6	1	
White.....	27			5		
Colored.....	3	( <sup>2</sup> )		1		
Grand Rapids.....	28	9.5	14.4	5	2	79
Houston.....	66	20.9	16.9	11	12	
White.....	41			5		
Colored.....	25	( <sup>2</sup> )		6		
Indianapolis.....	107	15.5	14.0	7	5	50
White.....	92			6		49
Colored.....	15	( <sup>2</sup> )		1		55
Kansas City, Kans.....	26	11.0	14.6	4	1	79
White.....	20			3		67
Colored.....	6	( <sup>2</sup> )		1		184
Kansas City, Mo.....	85	12.1	13.5	7	13	
Los Angeles.....	227			22	18	60
Louisville.....	79	15.9	12.3	6	4	50
White.....	64			5		48
Colored.....	15	( <sup>2</sup> )		1		68
Lowell.....	40	17.9	13.1	7	4	121
Lynn.....	27	13.4	12.1	5	1	126
Memphis.....	71	21.2	28.1	8	7	
White.....	32			5		
Colored.....	39	( <sup>2</sup> )		3		
Milwaukee.....	90	9.4	10.1	11	20	51
Minneapolis.....	116	14.2	12.4	11	10	59
Nashville.....	39	14.9	18.6	1	3	
White.....	20			1		
Colored.....	19	( <sup>2</sup> )		0		

<sup>1</sup> Annual rate per 1,000 population.

<sup>2</sup> Deaths under 1 year per 1,000 births—an annual rate based on deaths under 1 year for the week and estimated births for 1924. Cities left blank are not in the registration area for births.

<sup>3</sup> Data for 50 cities.

<sup>4</sup> Deaths for week ended Friday, Dec. 18, 1925.

<sup>5</sup> In the cities for which deaths are shown by color, the colored population in 1920 constituted the following per cents of the total population: Atlanta 31, Baltimore 15, Birmingham 29, Dallas 15, Fort Worth 14, Houston 25, Kansas City, Kans., 14, Louisville 17, Memphis 38, Nashville 30, New Orleans 26, Norfolk 38, Richmond 32, and Washington, D. C., 25.

Deaths from all causes in certain large cities of the United States during the week ended December 19, 1925, infant mortality, annual death rate, and comparison with corresponding week of 1924. (From the Weekly Health Index, December 22, 1925, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended Dec. 19, 1925		Annual death rate per 1,000 corresponding week, 1924	Deaths under 1 year		Infant mortality rate week ended Dec. 19, 1925
	Total deaths	Death rate		Week ended Dec. 19, 1925	Corresponding week, 1924	
New Bedford.....	25	9.6	9.4	2	5	33
New Haven.....	38	11.1	12.7	3	4	39
New Orleans.....	155	19.5	18.0	12	13	-----
White.....	94			7		
Colored.....	61	( <sup>1</sup> )		5		
New York.....	1,390	11.9	12.8	142	169	57
Bronx Borough.....	180	10.4	9.8	16	17	55
Brooklyn Borough.....	459	10.7	12.3	47	65	48
Manhattan Borough.....	599	13.8	14.5	62	68	65
Queens Borough.....	108	9.8	12.8	14	16	65
Richmond Borough.....	44	17.1	14.0	3	3	54
Newark, N. J.....	114	13.1	11.6	11	16	59
Norfolk.....	39			4	5	74
White.....	20			3		88
Colored.....	19	( <sup>1</sup> )		1		49
Oakland.....	54	11.1	13.3	5	10	57
Oklahoma City.....	26			4	3	-----
Omaha.....	64	15.8	10.0	9	3	92
Paterson.....	31	11.4	16.7	2	3	34
Philadelphia.....	553	14.6	14.2	55	71	69
Pittsburgh.....	162	13.4	12.4	18	14	60
Portland, Oreg.....	61	11.3	10.9	2	2	20
Providence.....	72	15.3	16.7	2	8	16
Richmond.....	53	14.8	16.2	3	8	36
White.....	28			0		0
Colored.....	25	( <sup>1</sup> )		3		108
Rochester.....	84	13.2	11.9	6	11	49
St. Louis.....	220	14.5	12.5	21	12	-----
St. Paul.....	57	12.1	11.3	4	8	34
Salt Lake City <sup>2</sup> .....	29	11.5	11.8	3	4	45
San Antonio.....	56	14.7	17.4	10	16	-----
San Diego.....	42	20.7	18.4	4	1	94
San Francisco.....	128	12.0	14.7	8	8	46
Schenectady.....	15	7.7	8.3	4	2	112
Seattle.....	78			4	4	29
Somerville.....	29	14.8	7.3	2	2	79
Spokane.....	31	14.8	12.5	3	3	67
Springfield, Mass.....	28	9.6	10.2	3	5	44
Syracuse.....	46	12.5	10.5	7	2	88
Tacoma.....	20	10.0	11.6	0	3	0
Toledo.....	55	10.0	10.2	7	7	63
Trenton.....	45	17.8	18.9	8	10	131
Washington, D. C.....	124	13.0	14.8	16	14	90
White.....	70			9		73
Colored.....	54	( <sup>1</sup> )		7		128
Waterbury.....	22			4	4	86
Wilmington, Del.....	31	13.2	8.7	2	2	45
Worcester.....	42	11.0	9.6	3	0	34
Yonkers.....	18	8.4	8.6	0	4	0
Youngstown.....	34	11.1	13.8	4	5	49

<sup>1</sup> Deaths for week ended Friday, Dec. 18, 1925.

<sup>2</sup> In the cities for which deaths are shown by color, the colored population in 1920 constituted the following per cents of the total population: Atlanta 31, Baltimore 15, Birmingham 39, Dallas 15, Fort Worth 14, Houston 25, Kansas City, Kans., 14, Louisville 17, Memphis 33, Nashville 30, New Orleans 26, Norfolk 38, Richmond 32, and Washington, D. C., 25.

# PREVALENCE OF DISEASE

*No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring*

## UNITED STATES

### CURRENT WEEKLY STATE REPORTS

These reports are preliminary and the figures are subject to change when later returns are received by the State health officers

#### Reports for Week Ended December 26, 1925

ALABAMA		CALIFORNIA	
	Cases		Cases
Chicken pox.....	19	Cerebrospinal meningitis:	
Dengue.....	1	North Sacramento.....	1
Diphtheria.....	24	Pittsburg.....	1
Influenza.....	74	Red Bluff.....	1
Malaria.....	6	Chicken pox.....	133
Measles.....	1	Diphtheria.....	65
Mumps.....	23	Influenza.....	74
Pellagra.....	2	Lethargic encephalitis:	
Pneumonia.....	70	Fresno County.....	1
Scarlet fever.....	10	Measles.....	10
Smallpox.....	5	Mumps.....	115
Tetanus.....	1	Poliomyelitis:	
Tuberculosis.....	23	Madera.....	1
Typhoid fever.....	7	San Fernando.....	1
Whooping cough.....	13	Scarlet fever.....	82
		Smallpox:	
ARIZONA		Los Angeles County.....	5
Chicken pox.....	1	Oakland.....	8
Mumps.....	1	Sacramento.....	5
Scarlet fever.....	7	Scattering.....	14
Tuberculosis.....	10	Typhoid fever.....	10
Typhoid fever.....	1	Whooping cough.....	33
ARKANSAS		COLORADO	
Cerebrospinal meningitis.....	1	Chicken pox.....	38
Chicken pox.....	8	Diphtheria.....	27
Diphtheria.....	7	Dysentery.....	1
Influenza.....	35	Measles.....	7
Malaria.....	11	Mumps.....	4
Mumps.....	1	Paratyphoid fever.....	2
Pellagra.....	6	Pneumonia.....	4
Scarlet fever.....	5	Scarlet fever.....	14
Smallpox.....	2	Smallpox.....	1
Trachoma.....	3	Tuberculosis.....	45
Tuberculosis.....	6	Typhoid fever.....	3
Typhoid fever.....	9	Whooping cough.....	21

## CONNECTICUT

	Cases
Cerebrospinal meningitis.....	2
Chicken pox.....	61
Diphtheria.....	24
German measles.....	7
Influenza.....	6
Measles.....	180
Mumps.....	4
Pneumonia (broncho).....	16
Pneumonia (lobar).....	45
Scarlet fever.....	56
Septic sore throat.....	2
Tuberculosis (pulmonary).....	12
Typhoid fever.....	4
Whooping cough.....	31

## DELAWARE

Anthrax.....	1
Chicken pox.....	1
Diphtheria.....	1
Measles.....	10
Pneumonia.....	7
Tuberculosis.....	4

## FLORIDA

Chicken pox.....	9
Dengue.....	1
Diphtheria.....	25
Influenza.....	19
Malaria.....	31
Measles.....	3
Mumps.....	3
Pneumonia.....	80
Scarlet fever.....	2
Smallpox.....	9
Tetanus.....	13
Tuberculosis.....	94
Typhoid fever.....	11
Whooping cough.....	2

## GEORGIA

Chicken pox.....	13
Diphtheria.....	15
Dysentery.....	5
German measles.....	1
Hookworm disease.....	1
Influenza.....	83
Malaria.....	5
Measles.....	2
Mumps.....	10
Pneumonia.....	61
Scarlet fever.....	6
Septic sore throat.....	7
Smallpox.....	2
Tuberculosis.....	2
Typhoid fever.....	2
Whooping cough.....	4

## ILLINOIS

Cerebrospinal meningitis—Jefferson County.....	1
Diphtheria:	
Cook County.....	64
Scattering.....	21
Influenza.....	26
Lethargic encephalitis—Cook County.....	1
Measles.....	191
Pneumonia.....	214

## ILLINOIS—continued

Scarlet fever:	Cases
Cook County.....	121
Kane County.....	21
Livingston County.....	16
Madison County.....	10
Peoria County.....	12
Scattering.....	99
Smallpox:	
St. Clair County.....	10
Scattering.....	26
Tuberculosis.....	125
Typhoid fever:	
Franklin County.....	13
Scattering.....	35
Whooping cough.....	73

## INDIANA

Cerebrospinal meningitis.....	2
Chicken pox.....	49
Diphtheria.....	51
Influenza.....	34
Measles.....	74
Pneumonia.....	21
Scarlet fever.....	156
Smallpox.....	61
Tuberculosis.....	22
Typhoid fever.....	8
Whooping cough.....	43

## IOWA

Cerebrospinal meningitis.....	1
Chicken pox.....	37
Diphtheria.....	24
German measles.....	1
Measles.....	36
Mumps.....	3
Pneumonia.....	1
Poliomyelitis.....	2
Scarlet fever.....	51
Smallpox.....	13
Typhoid fever.....	7
Whooping cough.....	6

## KANSAS

Cerebrospinal meningitis:	
Abilene.....	1
Kansas City.....	1
Chicken pox.....	85
Diphtheria.....	22
Influenza.....	2
Measles.....	15
Mumps.....	2
Pneumonia.....	29
Poliomyelitis:	
Eudora.....	1
Hayes.....	1
Kansas City.....	1
Scarlet fever.....	43
Septic sore throat.....	1
Smallpox.....	5
Tuberculosis.....	48
Typhoid fever.....	7
Whooping cough.....	31

LOUISIANA		MINNESOTA	
	Cases		Cases
Diphtheria.....	11	Chicken pox.....	114
Influenza.....	11	Diphtheria.....	51
Malaria.....	7	Measles.....	6
Pneumonia.....	35	Pneumonia.....	6
Scarlet fever.....	8	Polioomyelitis.....	1
Smallpox.....	39	Scarlet fever.....	210
Tuberculosis.....	28	Smallpox.....	6
Typhoid fever.....	3	Tuberculosis.....	33
		Typhoid fever.....	1
		Whooping cough.....	6
MAINE		MISSISSIPPI	
Chicken pox.....	25	Diphtheria.....	8
Diphtheria.....	5	Scarlet fever.....	9
German measles.....	1	Smallpox.....	6
Influenza.....	5	Typhoid fever.....	7
Measles.....	3		
Mumps.....	20	MISSOURI	
Pneumonia.....	2	(Exclusive of Kansas City)	
Scarlet fever.....	33	Cerebrospinal meningitis.....	1
Septic sore throat.....	1	Chicken pox.....	51
Tuberculosis.....	3	Diphtheria.....	57
Typhoid fever.....	6	Epidemic sore throat.....	2
Vincents angina.....	1	Leprosy.....	1
Whooping cough.....	12	Measles.....	2
		Mumps.....	24
MARYLAND <sup>1</sup>		Scarlet fever.....	147
Chicken pox.....	84	Smallpox.....	4
Diphtheria.....	22	Tetanus.....	1
German measles.....	2	Tuberculosis.....	15
Influenza.....	17	Typhoid fever.....	1
Malaria.....	1	Whooping cough.....	4
Measles.....	161		
Mumps.....	59	MONTANA	
Ophthalmia neonatorum.....	1	Cerebrospinal meningitis.....	1
Pneumonia (broncho).....	43	Chicken pox.....	18
Pneumonia (lobar).....	55	Diphtheria.....	5
Scarlet fever.....	50	Mumps.....	57
Tuberculosis.....	26	Polioomyelitis.....	1
Typhoid fever.....	13	Scarlet fever.....	13
Whooping cough.....	26	Smallpox.....	2
		Tuberculosis.....	2
MASSACHUSETTS		Typhoid fever.....	2
Cerebrospinal meningitis.....	2	Whooping cough.....	10
Chicken pox.....	138		
Conjunctivitis (suppurative).....	3	NEBRASKA	
Diphtheria.....	46	Cerebrospinal meningitis.....	1
German measles.....	14	Chicken pox.....	12
Influenza.....	12	Diphtheria.....	7
Measles.....	654	Influenza.....	1
Mumps.....	22	Mumps.....	1
Ophthalmia neonatorum.....	5	Pneumonia.....	6
Pneumonia (lobar).....	58	Scarlet fever.....	19
Scarlet fever.....	101	Smallpox.....	21
Tuberculosis (pulmonary).....	42	Whooping cough.....	2
Tuberculosis (other forms).....	7		
Typhoid fever.....	5	NEW JERSEY	
Whooping cough.....	154	Chicken pox.....	211
		Diphtheria.....	65
MICHIGAN		Dysentery.....	1
Diphtheria.....	75	Influenza.....	5
Measles.....	174	Measles.....	308
Pneumonia.....	141	Pneumonia.....	82
Scarlet fever.....	217	Scarlet fever.....	96
Smallpox.....	2	Typhoid fever.....	2
Tuberculosis.....	36	Whooping cough.....	21
Typhoid fever.....	39		
Whooping cough.....	111		

<sup>1</sup> Week ended Friday.



NEW MEXICO	Cases
Chicken pox.....	24
Diphtheria.....	1
Mumps.....	2
Pneumonia.....	5
Puerperal septicemia.....	1
Scarlet fever.....	9
Tuberculosis.....	14
Typhoid fever.....	6
Whooping cough.....	25

NEW YORK	
(Exclusive of New York City)	
Cerebrospinal meningitis.....	1
Diphtheria.....	51
Influenza.....	12
Measles.....	226
Pneumonia.....	176
Poliomyelitis.....	1
Scarlet fever.....	123
Typhoid fever.....	10
Whooping cough.....	132

NORTH CAROLINA	
Chicken pox.....	63
Diphtheria.....	28
Measles.....	24
Ophthalmia neonatorum.....	1
Scarlet fever.....	44
Smallpox.....	3
Typhoid fever.....	1
Whooping cough.....	24

OKLAHOMA	
(Exclusive of Tulsa and Oklahoma City)	
Chicken pox.....	22
Diphtheria:	
Tillman.....	8
Scattering.....	22
Influenza.....	136
Measles.....	5
Pneumonia.....	72
Scarlet fever.....	29
Smallpox:	
Caddo.....	10
Scattering.....	2
Typhoid fever.....	30
Whooping cough.....	25

OREGON	
Cerebrospinal meningitis.....	1
Chicken pox.....	17
Diphtheria:	
Portland.....	18
Scattering.....	8
Influenza.....	2
Measles.....	3
Mumps.....	17
Pneumonia.....	13
Scarlet fever.....	19
Smallpox.....	9
Tuberculosis.....	8
Typhoid fever.....	4
Whooping cough.....	14

<sup>1</sup> Deaths.

PENNSYLVANIA	Cases
Cerebrospinal meningitis:	
Blakely.....	1
Erie.....	1
Chicken pox.....	585
Diphtheria:	
Erie.....	10
Philadelphia.....	78
Pittsburgh.....	19
Scattering.....	113
German measles.....	17
Impetigo contagiosa.....	24
Leprosy.....	1
Lethargic encephalitis:	
Philadelphia.....	1
Measles.....	783
Mumps.....	102
Pneumonia.....	84
Poliomyelitis.....	1
Scabies.....	19
Scarlet fever:	
Philadelphia.....	66
Pittsburgh.....	57
Scranton.....	13
Scattering.....	301
Tuberculosis.....	128
Typhoid fever.....	28
Whooping cough.....	196

RHODE ISLAND	
Chicken pox.....	13
Diphtheria.....	3
Influenza.....	6
Measles:	
Providence.....	247
Scattering.....	19
Mumps.....	1
Ophthalmia neonatorum.....	1
Pneumonia.....	2
Scarlet fever.....	15
Tuberculosis.....	9
Whooping cough.....	6

SOUTH DAKOTA	
Chicken pox.....	17
Diphtheria.....	2
Mumps.....	48
Pneumonia.....	1
Scarlet fever.....	72
Smallpox.....	3
Typhoid fever.....	1

TENNESSEE	
Chicken pox.....	21
Diphtheria.....	7
Influenza.....	42
Malaria.....	2
Measles.....	26
Mumps.....	1
Pellagra.....	2
Pneumonia.....	45
Scarlet fever.....	21
Smallpox.....	6
Tuberculosis.....	7
Typhoid fever.....	10
Whooping cough.....	3

## TEXAS

	Cases
Chicken pox.....	9
Diphtheria.....	20
Influenza.....	13
Pneumonia.....	14
Scarlet fever.....	17
Smallpox.....	9
Tuberculosis.....	7
Typhoid fever.....	5
Whooping cough.....	23

## UTAH

Cerebrospinal meningitis:	
Salt Lake City.....	1
Chicken pox.....	108
Diphtheria.....	25
Pneumonia.....	5
Scarlet fever.....	11
Smallpox.....	1
Typhoid fever.....	2
Whooping cough.....	23

## VERMONT

Chicken pox.....	12
Diphtheria.....	3
Measles.....	4
Scarlet fever.....	7
Whooping cough.....	46

## WASHINGTON

Cerebrospinal meningitis:	
Whitman County.....	1
Chicken pox.....	91
Diphtheria.....	9
German measles.....	9
Measles.....	13
Mumps.....	23
Scarlet fever:	
Seattle.....	18
Spokane.....	27
Scattering.....	29

## WASHINGTON—continued

	Cases
Smallpox:	
Yakima County.....	21
Scattering.....	19
Tuberculosis.....	12
Whooping cough.....	21

## WEST VIRGINIA

Diphtheria.....	4
Scarlet fever.....	10
Typhoid fever.....	1

## WISCONSIN

Milwaukee:	
Chicken pox.....	120
Diphtheria.....	28
Measles.....	1
Mumps.....	4
Pneumonia.....	15
Scarlet fever.....	6
Whooping cough.....	23

## Scattering:

Chicken pox.....	206
Diphtheria.....	36
German measles.....	12
Influenza.....	15
Measles.....	128
Mumps.....	76
Pneumonia.....	33
Poliomyelitis.....	1
Scarlet fever.....	156
Smallpox.....	7
Tuberculosis.....	23
Typhoid fever.....	6
Whooping cough.....	128

## WYOMING

Chicken pox.....	17
German measles.....	2
Influenza.....	4
Measles.....	1
Mumps.....	2
Scarlet fever.....	14
Smallpox.....	5
Tuberculosis.....	1

## Reports for Week Ended December 19, 1925

## DISTRICT OF COLUMBIA

	Cases
Cerebrospinal meningitis.....	1
Chicken pox.....	16
Diphtheria.....	37
Influenza.....	3
Measles.....	7
Pneumonia.....	26
Scarlet fever.....	23
Tuberculosis.....	19
Typhoid fever.....	2
Whooping cough.....	12

## NORTH DAKOTA

	Cases
Chicken pox.....	16
Diphtheria.....	7
German measles.....	39
Measles.....	2
Mumps.....	27
Pneumonia.....	3
Poliomyelitis.....	1
Scarlet fever.....	56
Smallpox.....	5
Whooping cough.....	9

## SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of monthly State reports is published weekly and covers only those States from which reports are received during the current week:

State	Cerebro-spinal meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Polio-myelitis	Scarlet fever	Small-pox	Typhoid fever
<i>November, 1925</i>										
Alabama.....	3	219	262	137	6	36	5	105	156	134
Colorado.....		176	4		13		1	90	1	53
Delaware.....		34	5		1			15	0	5
Florida.....	1	141	25	60	3	12	2	24	14	57
Georgia.....	2	156	385	99	5	9	5	44	19	110
Illinois.....	3	584	55	1	682		12	1,280	79	205
Indiana.....	3	292	82				13	750		72
Iowa.....	2	180			16		16	211	39	125
Louisiana.....	1	164	91	59	6	34	9	58	34	164
Maryland.....	1	154	70	2	530	0	1	187	0	118
Minnesota.....	1	353	3		23		16	859	14	25
Mississippi.....	2	250	2,811	4,397	183	333	3	77	39	309
Missouri.....	1	388	52	0	19	0	4	555	10	145
Ohio.....	2	833	44	0	1,076		9	1,140	137	187
Oklahoma <sup>1</sup> .....	3	200	525	104	9	20	5	135	26	322
Oregon.....	4	182	30		21		2	218	88	17
Rhode Island.....	0	51	8	0	421	0	2	43	0	10
Virginia.....	2	500	1,102	74	267	12	6	396	17	139

<sup>1</sup> Reports not required by law.

<sup>2</sup> Exclusive of Oklahoma City and Tulsa.

## RECIPROCAL NOTIFICATIONS

Notifications regarding communicable diseases sent during the month of November, 1925, to other State health departments by departments of health of certain States

Referred by—	Scarlet fever	Tuberculosis	Typhoid fever
Illinois.....		11	4
Massachusetts.....			1
Minnesota.....	1	31	4
New York.....	1		4

## PLAGUE-ERADICATIVE MEASURES IN THE UNITED STATES

The following items were taken from the reports of plague-eradication measures from the cities named:

*Los Angeles, Calif.*

Week ended Dec. 12, 1925:

Number of rats trapped.....	2,249
Number of rats found to be plague infected.....	0
Number of squirrels examined.....	334
Number of squirrels found to be plague infected.....	0
Number of mice trapped.....	3,942
Number of mice found to be plague infected.....	0

Date of discovery of last plague-infected rodent, Nov. 6, 1925.

Date of last human case, Jan. 15, 1925.

## Oakland, Calif.

(Including other East Bay communities)

Week ended Dec. 12, 1925:

Number of rats trapped.....	637
Number of rats found to be plague infected.....	0

Totals:

Number of rats trapped Jan. 1 to Dec. 12, 1925.....	77, 866
Number of rats found to be plague infected.....	21
Number of squirrels examined May 1 to Aug. 1, 1925.....	7, 277
Number of squirrels found to be plague infected.....	0
Number of mice trapped Jan. 1 to Dec. 12, 1925.....	28, 834

Date of discovery of last plague-infected rat, Mar. 4, 1925.

Date of last human case, Sept. 10, 1919.

## GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

*Diphtheria*.—For the week ended December 12, 1925, 36 States reported 1,618 cases of diphtheria. For the week ended December 13, 1924, the same States reported 2,037 cases of this disease. One hundred and two cities situated in all parts of the country and having an aggregate population of about 29,000,000, reported 909 cases of diphtheria for the week ended December 12, 1925. Last year for the corresponding week they reported 1,055 cases. The estimated expectancy for these cities was 1,392 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

*Measles*.—Thirty-three States reported 4,329 cases of measles for the week ended December 12, 1925, and 1,665 cases of this disease for the week ended December 13, 1924. One hundred and two cities reported 2,212 cases of measles for the week this year, and 694 cases last year.

*Poliomyelitis*.—The health officers of 37 States reported 41 cases of poliomyelitis for the week ended December 12, 1925. The same States reported 58 cases for the week ended December 13, 1924.

*Scarlet fever*.—Scarlet fever was reported for the week as follows: Thirty-six States—this year, 3,165 cases; last year, 3,380 cases. One hundred and two cities—this year, 1,281 cases; last year, 1,712 cases; estimated expectancy, 1,007 cases.

*Smallpox*.—For the week ended December 12, 1925, 36 States reported 379 cases of smallpox. Last year for the corresponding week they reported 799 cases. One hundred and two cities reported smallpox for the week as follows: 1925, 119 cases; 1924, 236 cases; estimated expectancy, 53 cases. One death from smallpox was reported by these cities for the week this year—at Los Angeles, Calif.

*Typhoid fever*.—Four hundred and twenty-two cases of typhoid fever were reported for the week ended December 12, 1925, by 36 States. For the corresponding week of 1924, the same States re-

ported 571 cases of this disease. One hundred and two cities reported 112 cases of typhoid fever for the week this year and 237 cases for the corresponding week last year. The estimated expectancy for these cities was 96 cases.

*Influenza and pneumonia.*—Deaths from influenza and pneumonia were reported for the week by 95 cities, with a population of more than 28,000,000, as follows: 1925, 789 deaths; 1924, 945.

*City reports for week ended December 12, 1925*

The "estimated expectancy" given for diphtheria, poliomyelitis, scarlet fever, smallpox, and typhoid fever is the result of an attempt to ascertain from previous occurrence how many cases of the disease under consideration may be expected to occur during a certain week in the absence of epidemics. It is based on reports to the Public Health Service during the past nine years. It is in most instances the median number of cases reported in the corresponding week of the preceding years. When the reports include several epidemics or when for other reasons the median is unsatisfactory, the epidemic periods are excluded and the estimated expectancy is the mean number of cases reported for the week during nonepidemic years.

If reports have not been received for the full nine years, data are used for as many years as possible, but no year earlier than 1915 is included. In obtaining the estimated expectancy the figures are smoothed when necessary to avoid abrupt deviations from the usual trend. For some of the diseases given in the table the available data were not sufficient to make it practicable to compute the estimated expectancy.

Division, State, and city	Population July 1, 1923, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND									
Maine:									
Portland .....	73,129	1	2	0	0	0	1	11	2
New Hampshire:									
Concord .....	22,408	0	1	0	0	0	0	0	0
Vermont:									
Barre .....	10,008	0	0	0	0	0	0	0	1
Burlington .....	23,613	0	1	0	0	0	0	0	1
Massachusetts:									
Boston .....	770,400	66	64	16	2	2	143	10	20
Fall River .....	120,912	2	5	3	0	0	134	0	4
Springfield .....	144,227	14	5	0	1	1	3	0	1
Worcester .....	191,927	12	5	2	0	0	239	2	11
Rhode Island:									
Pawtucket .....	68,799	16	2	5	0	0	4	0	3
Providence .....	242,378	0	15	5	1	0	188	0	6
Connecticut:									
Bridgeport .....	143,555	2	11	5	1	1	68	0	1
Hartford .....	138,036	12	9	5	1	0	26	0	3
New Haven .....	172,967	35	4	2	0	0	9	1	3
MIDDLE ATLANTIC									
New York:									
Buffalo .....	536,718	13	32	11	3	3	1	1	13
New York .....	5,927,625	256	207	144	27	12	742	17	139
Rochester .....	317,967	18	6	8	0	0	24	0	7
Syracuse .....	184,511	24	11	3	0	0	2	3	3
New Jersey:									
Camden .....	124,157	5	6	6	0	0	10	0	5
Newark .....	438,699	82	19	13	1	0	33	1	6
Trenton .....	127,390	10	6	1	5	2	2	0	4
Pennsylvania:									
Philadelphia .....	1,922,788	211	77	69	0	5	59	10	56
Pittsburgh .....	613,442	33	31	18	0	1	20	0	27
Reading .....	110,917	38	5	1	0	0	2	1	1

<sup>1</sup> Population Jan 1, 1920.



## City reports for week ended December 12, 1925—Continued

Division, State, and city	Population July 1, 1923, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
EAST NORTH CENTRAL									
Ohio:									
Cincinnati.....	406,312	24	18	10	0	5	0	0	15
Cleveland.....	888,519	68	50	39	0	2	209	3	24
Columbus.....	261,082	9	10	2	0	0	2	0	6
Toledo.....	268,338	25	17	9	0	0	10	0	6
Indiana:									
Fort Wayne.....	93,573	3	5	3	0	0	1	0	0
Indianapolis.....	342,718	24	16	11	0	0	16	3	16
South Bend.....	76,709	8	1	2	0	0	1	0	2
Terre Haute.....	68,939	4	3	0	0	0	1	0	3
Illinois:									
Chicago.....	2,886,121	128	191	61	11	7	27	9	47
Peoria.....	79,675	14	2	0	0	0	0	0	2
Springfield.....	61,833	10	3	2	1	0	1	9	4
Michigan:									
Detroit.....	1,155,000	85	78	49	6	0	189	7	36
Flint.....	117,968	3	15	3	0	0	1	0	1
Grand Rapids.....	145,947	15	6	0	0	2	1	2	4
Wisconsin:									
Madison.....	42,519	22	1	0	0	0	1	2	0
Milwaukee.....	484,695	192	28	41	0	0	0	32	7
Racine.....	64,393	5	2	4	0	0	0	1	1
Superior.....	139,671	1	1	0	0	0	0	0	0
WEST NORTH CENTRAL									
Minnesota:									
Duluth.....	106,289	26	3	0	0	0	0	0	4
Minneapolis.....	409,125	75	27	21	0	0	0	0	7
St. Paul.....	241,891	19	21	25	0	0	0	5	7
Iowa:									
Davenport.....	61,262	16	2	0	0	0	0	0	---
Des Moines.....	140,923	0	7	4	0	0	0	0	---
Sioux City.....	79,662	8	3	2	0	0	1	1	---
Waterloo.....	39,667	1	1	0	0	0	1	---	---
Missouri:									
Kansas City.....	351,819	48	14	5	3	2	2	0	6
St. Joseph.....	78,232	11	4	0	0	0	0	0	4
St. Louis.....	803,853	47	67	58	2	1	3	3	---
North Dakota:									
Fargo.....	24,841	7	1	0	0	0	1	28	0
Grand Forks.....	14,547	3	0	0	0	0	0	0	---
South Dakota:									
Aberdeen.....	15,829	3	1	0	0	0	0	40	---
Sioux Falls.....	29,206	1	1	0	0	0	0	0	0
Nebraska:									
Lincoln.....	58,761	4	2	1	0	0	0	1	1
Omaha.....	204,382	26	6	5	0	0	2	1	8
Kansas:									
Topeka.....	52,555	26	3	1	0	0	1	1	1
Wichita.....	79,261	25	9	0	0	0	1	0	2
SOUTH ATLANTIC									
Delaware:									
Wilmington.....	117,728	4	4	7	0	0	0	0	7
Maryland:									
Baltimore.....	773,580	105	30	24	21	2	267	94	21
Cumberland.....	32,361	0	1	4	1	0	0	0	1
Frederick.....	11,301	1	0	2	0	0	0	0	0
District of Columbia:									
Washington.....	1,437,571	44	22	21	2	0	5	0	15
Virginia:									
Lynchburg.....	30,277	9	1	6	0	0	0	1	1
Norfolk.....	159,089	22	4	0	0	0	0	1	4
Richmond.....	181,044	15	12	14	0	0	2	23	4
Roanoke.....	55,502	2	4	4	0	0	0	0	0
West Virginia:									
Charleston.....	45,597	0	3	0	0	0	0	0	0
Huntington.....	57,918	0	2	1	0	0	1	0	5
Wheeling.....	56,208	2	3	0	0	0	1	0	3

1 Population Jan. 1, 1920.

## City reports for week ended December 12, 1925—Continued

Division, State, and city	Population July 1, 1923, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
SOUTH ATLANTIC—Cont.									
North Carolina:									
Raleigh.....	29,171	0	2	1	0	0	0	0	0
Wilmington.....	35,719	1	1	2	0	0	0	0	2
Winston-Salem.....	56,230	0	2	0	0	0	6	2	4
South Carolina:									
Charleston.....	71,245	0	2	5	0	1	0	0	4
Columbia.....	39,688	3	1	0	0	0	0	3	0
Greenville.....	25,789	0	1	0	0	0	0	0	3
Georgia:									
Atlanta.....	222,963	0	6	2	38	0	0	0	12
Brunswick.....	15,937	4	0	0	0	0	0	0	0
Savannah.....	89,448	1	3	3	10	1	0	0	1
Florida:									
St. Petersburg.....	24,403	0	1	0	0	0	0	0	3
Tampa.....	56,050	1	2	5	1	0	0	0	2
EAST SOUTH CENTRAL									
Kentucky:									
Covington.....	57,877	0	3	0	0	0	0	0	1
Louisville.....	257,671	4	11	5	1	0	3	0	6
Tennessee:									
Memphis.....	170,067	6	12	9	0	1	0	0	14
Nashville.....	121,128	1	4	2	0	2	0	3	5
Alabama:									
Birmingham.....	195,901	8	6	5	9	6	1	1	8
Mobile.....	63,858	0	2	0	2	0	0	0	1
Montgomery.....	45,383	7	1	2	1	0	0	10	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith.....	30,635	6	2	0	0	-----	0	0	-----
Little Rock.....	70,916	0	2	0	0	-----	0	1	-----
Louisiana:									
New Orleans.....	404,575	2	13	11	14	7	0	0	12*
Shreveport.....	54,590	2	1	2	0	0	0	0	1
Oklahoma:									
Oklahoma City.....	101,150	1	3	0	10	0	0	0	1
Texas:									
Dallas.....	177,274	18	14	9	0	0	0	0	3
Galveston.....	46,877	0	1	0	0	0	0	0	1
Houston.....	154,970	0	4	15	0	1	0	0	14
San Antonio.....	184,727	0	4	3	0	1	1	0	12
MOUNTAIN									
Montana:									
Billings.....	16,927	12	0	0	0	0	0	4	0
Great Falls.....	27,787	8	1	0	0	0	1	82	0
Helena.....	12,637	0	0	0	0	0	0	0	1
Missoula.....	12,668	0	0	0	0	0	0	0	1
Idaho:									
Boise.....	22,806	1	0	0	0	0	0	0	0
Colorado:									
Denver.....	272,031	48	13	8	0	2	1	1	15
Pueblo.....	43,519	4	5	3	0	0	0	0	0
New Mexico:									
Albuquerque.....	16,648	3	1	0	0	0	0	0	0
Arizona:									
Phoenix.....	33,890	0	-----	0	0	0	0	0	1
Utah:									
Salt Lake City.....	126,241	85	3	7	0	0	2	11	2
Nevada:									
Reno.....	12,429	0	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Seattle.....	315,685	36	8	6	0	-----	3	19	-----
Spokane.....	104,573	54	5	4	0	-----	0	0	-----
Tacoma.....	101,731	5	3	2	0	0	1	0	2
Oregon:									
Portland.....	273,621	5	6	13	0	0	1	7	6
California:									
Los Angeles.....	666,853	29	37	42	11	1	6	18	11
Sacramento.....	69,950	3	3	2	0	0	0	2	4
San Francisco.....	539,038	48	24	13	4	0	9	7	4

\* Population Jan. 1, 1920.

## City reports for week ended December 12, 1925—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- culo- sis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
NEW ENGLAND											
Maine:											
Portland.....	2	0	0	0	0	1	0	4	0	3	22
New Hampshire:											
Concord.....	1	2	0	0	0	0	0	0	0	0	9
Vermont:											
Barre.....	1	1	0	0	0	0	0	0	0	0	2
Burlington.....	1	1	0	0	0	1	0	0	0	0	7
Massachusetts:											
Boston.....	31	42	0	0	0	5	2	0	0	37	223
Fall River.....	2	4	0	0	0	3	0	0	0	1	26
Springfield.....	8	1	0	0	0	1	1	1	1	0	30
Worcester.....	11	5	0	0	0	4	0	0	0	13	51
Rhode Island:											
Pawtucket.....	1	0	0	0	0	0	0	0	0	7	26
Providence.....	8	6	0	0	0	4	1	1	0	12	68
Connecticut:											
Bridgeport.....	6	9	0	0	0	0	0	1	0	0	34
Hartford.....	6	5	0	0	0	0	0	2	0	1	35
New Haven.....	7	3	0	0	0	2	1	0	1	7	47
MIDDLE ATLANTIC											
New York:											
Buffalo.....	22	18	1	0	0	9	1	6	0	17	141
New York.....	152	109	0	0	0	198	18	31	3	56	1,288
Rochester.....	13	19	0	0	0	7	1	1	1	11	74
Syracuse.....	12	3	0	0	0	2	1	0	0	56	35
New Jersey:											
Camden.....	2	21	0	0	0	4	1	0	0	0	45
Newark.....	16	10	0	0	0	12	2	2	0	9	123
Trenton.....	2	2	0	0	0	4	1	0	0	0	40
Pennsylvania:											
Philadelphia.....	57	89	0	0	0	38	4	8	1	30	510
Pittsburgh.....	31	63	0	0	0	9	1	0	0	12	182
Reading.....	1	7	0	0	0	2	0	1	0	12	56
EAST NORTH CENTRAL											
Ohio:											
Cincinnati.....	14	11	0	0	0	9	1	3	1	9	146
Cleveland.....	33	29	1	0	0	14	2	1	0	87	195
Columbus.....	10	20	0	13	0	4	0	0	0	3	80
Toledo.....	15	10	0	0	0	6	1	0	0	11	68
Indiana:											
Fort Wayne.....	2	0	0	0	0	1	1	3	0	0	12
Indianapolis.....	10	16	3	30	0	4	1	0	0	18	95
South Bend.....	3	8	0	3	0	0	0	0	0	4	12
Terre Haute.....	3	5	0	0	0	2	0	1	2	0	18
Illinois:											
Chicago.....	118	154	1	0	0	47	6	7	3	18	646
Peoria.....	6	6	0	0	0	0	0	0	0	1	11
Springfield.....	2	1	0	0	0	0	1	0	0	0	21
Michigan:											
Detroit.....	80	119	2	0	0	20	3	0	0	37	260
Flint.....	10	2	0	0	0	2	1	0	0	18	16
Grand Rapids.....	8	19	1	0	0	0	1	2	0	27	33
Wisconsin:											
Madison.....	1	4	0	0	0	0	0	0	0	5	4
Milwaukee.....	30	12	1	1	0	4	1	0	0	43	109
Racine.....	4	5	1	0	0	1	0	0	0	15	8
Superior.....	2	8	1	0	0	1	1	0	0	0	7
WEST NORTH CENTRAL											
Minnesota:											
Duluth.....	4	18	1	0	0	0	0	0	0	3	20
Minneapolis.....	39	59	5	1	0	4	1	2	1	3	87
St. Paul.....	17	46	4	1	0	8	1	1	0	7	70

<sup>1</sup> Pulmonary tuberculosis only.



## City reports for week ended December 12, 1925—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- culo- sis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith.....	1	2	0	0			0	0		0	
Little Rock.....	2	2	0	0			0	0		0	
Louisiana:											
New Orleans....	6	7	0	0	0	15	2	0	0	4	151
Shreveport.....	0	2	1	1	0	2	1	1	1	1	22
Oklahoma:											
Oklahoma City...	2	3	0	0	0	4	1	0	0	0	25
Texas:											
Dallas.....	4	17	0	0	0	4	2	5	2	16	44
Galveston.....	0	0	0	0	0	0	1	0	0	0	9
Houston.....	2	0	0	1	0	2	0	0	1	0	56
San Antonio....	1	2	0	0	0	12	0	1	0	0	72
MOUNTAIN											
Montana:											
Billings.....	1	3	0	1	0	0	0	0	0	0	1
Great Falls.....	1	4	1	8	0	0	0	0	0	7	7
Helena.....	0	0	0	0	0	1	0	0	0	0	7
Missoula.....	1	3	1	1	0	0	0	0	0	0	9
Idaho:											
Boise.....	1	0	0	1	0	0	0	0	0	0	1
Colorado:											
Denver.....	10	3	4	0	0	9	0	1	0	14	80
Pueblo.....	2	3	1	0	0	0	0	0	0	0	10
New Mexico:											
Albuquerque....	0	5	0	0	0	4	1	0	0	0	11
Arizona:											
Phoenix.....		0		0	0	7		0	0	0	16
Utah:											
Salt Lake City...	4	1	3	0	0	1	0	1	0	10	18
Nevada:											
Reno.....	0	0	0	0	0	0	0	0	0	0	6
PACIFIC											
Washington:											
Seattle.....	6	9	1	2			1	3		10	
Spokane.....	5	27	4	3			1	0		2	
Tacoma.....	2	3	1	21	0	1	0	0	0	1	21
Oregon:											
Portland.....	7	14	6	9	0	0	1	0	1	0	
California:											
Los Angeles....	20	12	2	8	1	26	3	1	1	2	225
Sacramento....	2	1	0	11	0	3	1	0	0	0	25
San Francisco...	12	15	1	0	0	10	2	1	0	4	176



## City reports for week ended December 12, 1925—Continued

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
<b>NEW ENGLAND</b>									
Maine:									
Portland.....	1	0	0	0	0	0	0	0	0
Massachusetts:									
Boston.....	2	1	0	0	0	0	1	3	0
Springfield.....	1	1	0	0	0	0	0	0	0
Rhode Island:									
Providence.....		0	1	1	0	0	0	0	0
<b>MIDDLE ATLANTIC</b>									
New York:									
New York <sup>1</sup> .....	3	1	4	1	0	0	3	1	0
New Jersey:									
Newark.....	1	0		0		0	0	1	0
Pennsylvania:									
Philadelphia.....	0	0	0	1	0	0	0	0	0
<b>EAST NORTH CENTRAL</b>									
Ohio:									
Cleveland.....	0	0		1	0	0	0	0	1
Indiana:									
Indianapolis.....	0	1	0	0	0	0	0	0	0
Illinois:									
Chicago.....	2	1	0	0	0	0	1	0	0
Springfield.....	1	1	0	0	0	0	0	0	0
Wisconsin:									
Milwaukee.....	2	2	0	0	0	0	1	0	0
<b>WEST NORTH CENTRAL</b>									
Minnesota:									
Minneapolis.....	1	1	0	0	0	0	0	0	0
St. Paul.....	1	0	0	0	0	0	0	0	0
Missouri:									
St. Louis.....	0	0	0	0	0	0	0	1	1
Nebraska:									
Lincoln.....	1	0	1	0	0	0	0	0	0
<b>SOUTH ATLANTIC</b>									
District of Columbia:									
Washington.....	0	0	1	1	1	1	0	1	0
North Carolina:									
Winston-Salem.....	0	0	0	0	1	1	0	0	0
South Carolina:									
Charleston.....	0	0	0	0	0	1	0	0	0
Florida:									
Tampa.....	0	0	0	0	1	0	0	0	0
<b>EAST SOUTH CENTRAL</b>									
Tennessee:									
Memphis.....	0	0	0	1	0	0	0	1	0
<b>WEST SOUTH CENTRAL</b>									
Louisiana:									
New Orleans.....	0	0	0	0	0	0	0		0
Texas:									
Houston.....	0	0	0	0	1	1	0	0	0
San Antonio.....	0	0	0	0	0	1	0	0	0
<b>PACIFIC</b>									
Washington:									
Spokane.....	1	0	0	0	0	0	0	0	0
Tacoma.....	0	1	0	0	0	0	0	0	0
Oregon:									
Portland.....	0	0	0	0	0	0	0	1	0
California:									
Los Angeles.....	4	2	0	0	0	0	0	0	0
San Francisco.....	0	0	0	0	0	0	1	1	0

<sup>1</sup> Typhus fever, 2 cases, New York City.

The following table gives the rates per 100,000 population for 103 cities for the 10-week period ended December 12, 1925. The population figures used in computing the rates were estimated as of July 1, 1923, as this is the latest date for which estimates are available. The 103 cities reporting cases had an estimated aggregate population of nearly 29,000,000, and the 96 cities reporting deaths had more than 28,000,000 population. The number of cities included in each group and the aggregate populations are shown in a separate table below:

*Summary of weekly reports from cities, October 4 to December 12, 1925—Annual rates per 100,000 population*<sup>1</sup>

## DIPHTHERIA CASE RATES

	Week ended—									
	Oct. 10	Oct. 17	Oct. 24	Oct. 31	Nov. 7	Nov. 14	Nov. 21	Nov. 28	Dec. 5	Dec. 12
103 cities.....	140	154	<sup>2</sup> 168	<sup>3</sup> 182	166	174	181	150	<sup>4</sup> 172	164
New England.....	99	124	<sup>5</sup> 97	137	97	127	144	104	124	107
Middle Atlantic.....	114	129	129	149	126	141	143	150	137	139
East North Central.....	164	174	189	195	187	194	189	162	172	166
West North Central.....	207	236	259	282	267	240	226	178	280	243
South Atlantic.....	191	224	<sup>6</sup> 268	228	211	252	289	221	221	205
East South Central.....	97	97	109	97	137	69	132	120	<sup>7</sup> 122	132
West South Central.....	83	93	102	264	199	213	176	181	278	185
Mountain.....	200	162	372	<sup>8</sup> 176	286	248	315	134	<sup>9</sup> 361	172
Pacific.....	107	110	142	157	148	145	186	165	128	200

## MEASLES CASE RATES

	55	70	<sup>2</sup> 93	<sup>3</sup> 105	154	174	229	212	<sup>4</sup> 357	441
103 cities.....										
New England.....	385	447	<sup>5</sup> 599	604	852	937	1,130	827	1,583	2,025
Middle Atlantic.....	47	65	87	110	159	171	256	239	339	453
East North Central.....	26	25	47	57	74	88	103	124	255	307
West North Central.....	6	10	10	12	15	10	15	31	10	25
South Atlantic.....	16	55	<sup>6</sup> 40	59	154	252	289	353	552	576
East South Central.....	11	6	40	17	17	51	34	7	43	23
West South Central.....	0	0	14	5	9	9	5	5	5	5
Mountain.....	38	10	29	<sup>7</sup> 20	38	47	29	16	<sup>8</sup> 19	38
Pacific.....	12	29	12	15	17	20	32	26	58	55

## SCARLET FEVER CASE RATES

	96	126	<sup>2</sup> 132	<sup>3</sup> 160	170	191	175	205	<sup>4</sup> 221	231
103 cities.....										
New England.....	100	132	<sup>5</sup> 130	201	271	246	209	214	224	194
Middle Atlantic.....	65	75	96	106	111	142	144	149	166	173
East North Central.....	117	151	142	194	167	189	196	220	273	302
West North Central.....	135	276	296	305	384	400	421	454	433	493
South Atlantic.....	98	137	<sup>6</sup> 134	193	185	172	123	144	127	162
East South Central.....	132	154	132	80	100	183	137	183	<sup>7</sup> 177	129
West South Central.....	65	56	42	42	102	121	93	139	111	148
Mountain.....	153	48	115	<sup>8</sup> 195	172	181	162	172	<sup>9</sup> 342	162
Pacific.....	107	142	133	148	162	206	197	249	226	194

<sup>1</sup> The figures given in this table are rates per 100,000 population, annual basis, and not the number of cases reported. Populations used are estimated as of July 1, 1923.

<sup>2</sup> Barre, Vt., and Winston-Salem, N. C., not included.

<sup>3</sup> Helena, Mont., not included.

<sup>4</sup> Covington, Ky., and Denver, Colo., not included.

<sup>5</sup> Barre, Vt., not included.

<sup>6</sup> Winston-Salem, N. C., not included.

<sup>7</sup> Covington, Ky., not included.

<sup>8</sup> Denver, Colo., not included.

Summary of weekly reports from cities, October 4 to December 12, 1925—Annual rates per 100,000 population—Continued

## SMALLPOX CASE RATES

	Week ended—									
	Oct. 10	Oct. 17	Oct. 24	Oct. 31	Nov. 7	Nov. 14	Nov. 21	Nov. 28	Dec. 5	Dec. 12
103 cities.....	5	8	<sup>1</sup> 7	<sup>1</sup> 10	10	8	17	16	<sup>4</sup> 13	21
New England.....	0	0	<sup>1</sup> 7	0	0	0	0	0	0	0
Middle Atlantic.....	0	0	0	0	0	0	0	0	0	0
East North Central.....	1	8	4	17	12	13	32	32	14	34
West North Central.....	10	0	4	27	12	4	17	10	19	19
South Atlantic.....	6	6	<sup>1</sup> 0	6	12	6	21	2	4	8
East South Central.....	17	46	6	6	29	34	11	11	<sup>7</sup> 12	6
West South Central.....	0	0	0	0	0	0	0	9	14	9
Mountain.....	10	29	10	<sup>1</sup> 10	19	19	19	10	<sup>1</sup> 0	105
Pacific.....	46	58	78	46	49	44	78	99	110	131

## TYPHOID FEVER CASE RATES

103 cities.....	37	36	<sup>1</sup> 33	<sup>1</sup> 26	28	12	17	14	<sup>1</sup> 20	20
New England.....	17	25	<sup>1</sup> 15	17	22	2	32	17	22	22
Middle Atlantic.....	31	28	25	21	12	8	20	14	26	25
East North Central.....	22	32	9	16	19	9	3	4	8	12
West North Central.....	33	21	33	19	31	17	15	8	10	12
South Atlantic.....	55	70	<sup>1</sup> 78	27	64	10	31	29	21	25
East South Central.....	177	132	160	109	183	46	34	23	<sup>7</sup> 61	29
West South Central.....	60	46	83	83	51	60	32	32	42	32
Mountain.....	124	48	67	<sup>1</sup> 88	38	10	19	19	<sup>1</sup> 0	19
Pacific.....	9	20	32	20	9	3	6	15	15	15

## INFLUENZA DEATH RATES

96 cities.....	3	6	<sup>1</sup> 8	<sup>1</sup> 11	13	12	8	9	<sup>1</sup> 12	13
New England.....	0	0	<sup>1</sup> 2	12	5	7	2	12	10	10
Middle Atlantic.....	3	5	8	10	14	14	6	8	10	12
East North Central.....	3	8	9	7	12	10	6	5	7	12
West North Central.....	4	7	7	11	7	13	2	2	7	7
South Atlantic.....	2	2	<sup>1</sup> 2	6	18	2	14	10	18	8
East South Central.....	0	17	6	29	40	29	46	29	<sup>7</sup> 49	51
West South Central.....	15	10	20	41	15	31	10	36	41	46
Mountain.....	<sup>1</sup> 10	0	38	<sup>1</sup> 10	10	0	19	10	19	19
Pacific.....	0	11	4	<sup>1</sup> 4	15	4	19	4	4	4

## PNEUMONIA DEATH RATES

96 cities.....	66	94	<sup>1</sup> 96	<sup>1</sup> 122	141	138	151	130	<sup>1</sup> 149	134
New England.....	60	97	<sup>1</sup> 87	112	139	137	144	161	186	137
Middle Atlantic.....	64	94	104	137	153	144	160	145	161	132
East North Central.....	65	94	83	119	125	137	146	100	149	121
West North Central.....	46	61	63	99	88	83	103	83	55	85
South Atlantic.....	76	129	<sup>1</sup> 124	134	207	162	156	144	170	185
East South Central.....	120	103	132	114	166	177	240	194	<sup>7</sup> 153	200
West South Central.....	66	56	117	138	163	122	163	158	163	219
Mountain.....	95	134	115	<sup>1</sup> 78	105	181	229	162	162	181
Pacific.....	57	83	79	<sup>1</sup> 53	95	114	91	102	102	79

<sup>1</sup> Barre, Vt., and Winston-Salem, N. C., not included.

<sup>2</sup> Helena, Mont., not included.

<sup>3</sup> Covington, Ky., and Denver, Colo., not included.

<sup>4</sup> Barre, Vt., not included.

<sup>5</sup> Winston-Salem, N. C., not included.

<sup>6</sup> Covington, Ky., not included.

<sup>7</sup> Denver, Colo., not included.

<sup>8</sup> Helena, Mont., and Tacoma, Wash., not included.

<sup>9</sup> Tacoma, Wash., not included.

*Number of cities included in summary of weekly reports and aggregate population of cities in each group, estimated as of July 1, 1923*

Group of cities	Number of cities reporting cases	Number of cities reporting deaths	Aggregate population of cities reporting cases	Aggregate population of cities reporting deaths
Total.....	103	96	23,977,311	23,321,626
New England.....	12	12	2,068,746	2,068,746
Middle Atlantic.....	10	10	10,304,114	10,304,114
East North Central.....	16	16	7,135,899	7,135,899
West North Central.....	14	11	2,515,330	2,381,454
South Atlantic.....	21	21	2,542,498	2,542,498
East South Atlantic.....	7	7	911,885	911,885
West South Central.....	8	6	1,124,564	1,023,013
Mountain.....	9	9	546,445	546,445
Pacific.....	6	4	1,797,830	1,377,572

## FOREIGN AND INSULAR

### THE FAR EAST

*Report for week ended November 28, 1925.*—The following report for the week ended November 28, 1925, was transmitted by the far eastern bureau of the health section of the League of Nations' Secretariat, located at Singapore, to the headquarters at Geneva:

Port	Plague		Cholera		Smallpox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Calcutta.....		0		42	5	4
Bombay.....		0		0	0	3
Madras.....		0		1	2	0
Rangoon.....		2		0	1	0
Karachi.....		0		0	0	0
Nagapatam.....		0		0	1	0
Colombo.....	1	1	0	0	0	0
Singapore.....	2	2	0	0	0	0
Port Swettenham.....	0	0	0	0	0	0
Penang.....	0	0	0	0	0	0
Batavia.....	0	0	0	0	0	0
Soerabaya.....	0	0	0	0	2	2
Samarang.....	0	0	0	0	0	0
Belawan Deli.....	0	0	0	0	0	0
Padang (Sumatra).....	0	0	0	0	0	0
Sabang (Rhio).....	0	0	0	0	0	0
Macassar.....	0	0	0	0	0	0
Pontianak (Borneo).....	0	0	0	0	0	0
Sandakan (North Borneo).....	0	0	0	0	0	0
Kuching (Sarawak).....	0	0	1	0	2	0
Manila.....	0	0	1	1	0	0
Bangkok.....	1	1	81	44	0	0
Saigon and Cholon.....	0	0	0	0	0	0
Hong Kong.....	0	0	0	0	0	0
Shanghai.....	0	0	0	0	7	0
Amoy.....	0	0	0	0	0	0
Nagasaki.....	0	0	0	0	0	0
Yokohama.....	0	0	0	0	0	0
Simonoseki.....	0	0	0	0	0	0
Moji.....	0	0	0	0	0	0
Kobe.....	0	0	2	0	0	0
Osaka.....	0	0	0	0	0	0
Keelung.....	0	0	0	0	0	0
Fusan.....	0	0	0	0	0	0
Dairen.....	0	0	0	0	4	0
Adelaide.....	0	0	0	0	0	0
Brisbane.....	0	0	0	0	0	0
Fremantle.....	0	0	0	0	0	0
Melbourne.....	0	0	0	0	0	0
Sydney.....	0	0	0	0	0	0
Rockhampton.....	0	0	0	0	0	0
Townsville.....	0	0	0	0	0	0
Port Darwin.....	0	0	0	0	0	0
Broome.....	0	0	0	0	0	0
Port Moresby.....	0	0	0	0	0	0
Bagra.....	0	0	0	0	6	6
Suez.....	0	0	0	0	0	0
Alexandria.....	0	0	0	0	0	0
Port Said.....	0	0	0	0	0	0
Mombasa (Kenya).....	0	0	0	0	0	0
Zanzibar.....	0	0	0	0	0	0
Massowah.....	0	0	0	0	0	0
Djibuti.....	0	0	0	0	0	0
Lourenco-Marques.....	0	0	0	0	0	0
Durban.....	0	0	0	0	0	0
East London.....	0	0	0	0	0	0
Port Elizabeth.....	0	0	0	0	0	0
Cape Town.....	0	0	0	0	0	0
Port Louis (Mauritius).....	0	0	0	0	0	0
Seychelles.....	0	0	0	0	0	0



## CANARY ISLANDS

*Infantile mortality—Las Palmas.*—Current vital statistics for the city of Las Palmas under date of November 20, 1925, indicate that 59 per cent of all deaths occurring in that city are of children not more than four years of age. The causes suggested were lack of child welfare service, ignorance on the part of mothers, and general insanitary local conditions. Population of Las Palmas, 66,461, census of 1920.

## FINLAND

*Communicable diseases—October, 1925.*—During the month of October, 1925, communicable diseases were notified in the Republic of Finland as follows: Diphtheria, 135 cases; dysentery, 1; lethargic encephalitis, 3; paratyphoid fever, 42; scarlet fever, 113; typhoid fever, 133; typhus fever, 1 case.

## GUADELOUPE (WEST INDIES)

*Influenza—Pointe à Pitre.*—Under date of November 16, 1925, influenza, with many fatalities, was reported present at Pointe à Pitre, Island of Guadeloupe, West Indies.

## LATVIA

*Communicable diseases—October, 1925.*—During the month of October, 1925, communicable diseases were reported in the Republic of Latvia as follows:

Disease	Cases	Disease	Cases
Cerebrospinal meningitis.....	1	Relapsing fever.....	1
Diphtheria.....	67	Scarlet fever.....	184
Dysentery.....	11	Typhoid fever.....	96
Measles.....	110	Typhus fever.....	2
Mumps.....	11	Whooping cough.....	13

## SIAM

*Epidemic cholera, imported—Bangkok—October, 1925.*—Epidemic cholera was reported at Bangkok, Siam, during the period October 4 to 31, 1925. The disease was stated to have been imported by coolie passengers on a vessel which arrived at Bangkok with a number of cases of cholera on board. During the four weeks ended October 31, 60 cases of cholera, with 30 deaths, were reported. The greatest number of cases occurring during one week was 27, with 11 deaths.

*Bangkok declared infected.*—Under date of October 28, 1925, cholera was declared present in sporadic form at Bangkok. The port was made subject to quarantine restrictions.

## VIRGIN ISLANDS

*Communicable diseases—November, 1925.*—During the month of November, 1925, communicable diseases were notified in the Virgin Islands of the United States as follows:

Island and disease	Cases	Remarks
St. Thomas and St. John:		
Chancroid.....	2	1 imported.
Dengue.....	1	
Dysentery.....	1	Unclassified.
Gonorrhea.....	3	1 imported.
Syphilis.....	2	Do.
Uncinariasis.....	1	Necator Americanus.
St. Croix:		
Gonorrhea.....	2	
Leprosy.....	1	
Syphilis.....	3	Secondary.
Tuberculosis.....	1	Chronic pulmonary.

## CHOLERA, PLAGUE, SMALLPOX, AND TYPHUS FEVER

The reports contained in the following tables must not be considered as complete or final as regards either the lists of countries included or the figures for the particular countries for which reports are given.

Reports Received During Week Ended January 1, 1926<sup>1</sup>

## CHOLERA

Place	Date	Cases	Deaths	Remarks
India				
Calcutta.....	Nov. 1-7.....	19	11	Oct. 18-24, 1925: Cases, 1,454; deaths, 859.
Japan.....	Aug. 30-Sept. 19.....	121		
Russia.....	May-June.....	7		
Siam:				
Bangkok.....	Oct. 4-31.....	60	30	Infection stated to have been imported on vessel.
Do.....	Nov. 1-7.....	25	31	
On vessel:				
Steamship.....	Oct.....	9		Arrived at Bangkok, Siam; 9 cases in coolie passengers.

## PLAGUE

Place	Date	Cases	Deaths	Remarks
India				
Karachi.....	Nov. 1-14.....	3	2	Oct. 18-24, 1925: Cases, 1,523; deaths, 977.
Rangoon.....	Oct. 25-Nov. 7.....	4	1	
Java:				
Batavia.....	Oct. 24-Nov. 6.....	94	89	Province.
Cheribon.....	Sept. 27-Oct. 17.....		166	
Pekalongan.....	do.....		42	
Soerabaya.....	Oct. 11-24.....	13	13	
Tegal.....	Sept. 27-Oct. 17.....	6	6	
Mauritius Island.....	Sept. 20-Oct. 17.....	5	5	
Russia.....	May-June.....	67		
Senegal.....	September, 1925.....	22	12	
Siam.....	Aug. 23-Sept. 5.....	23	20	

## SMALLPOX

Place	Date	Cases	Deaths
Argentina:			
Rosario.....	October, 1925.....		1
Canada:			
Ottawa.....	Dec. 6-12.....	2	
China:			
Manchuria—			
Dairen.....	Oct. 19-25.....	3	1
Shanghai.....	Oct. 25-Nov. 14.....	4	3

<sup>1</sup> From medical officers of the Public Health Service, American consuls, and other sources. For reports received from June 27 to Dec. 25, 1925, see Public Health Reports for Dec. 25, 1925. The tables of quarantinable diseases are terminated semiannually and new tables begun.

**CHOLERA, PLAGUE, SMALLPOX, AND TYPHUS FEVER—Continued****Reports Received During Week Ended January 1, 1926—Continued****SMALLPOX—Continued**

Place	Date	Cases	Deaths	Remarks
France.....				September, 1925: Cases, 25.
Greece.....				Oct. 1-31, 1925: Cases, 16.
India.....				Oct. 18-24, 1925: Cases, 1,138; deaths, 263.
Bombay.....	Nov. 8-14.....	5	3	
Karachi.....	Nov. 1-14.....	17		
Rangoon.....	Oct. 25-31.....	1		
Iraq.....				Sept. 6-19, 1925: Cases, 41; deaths, 24.
Bagdad.....	Nov. 1-14.....	4	4	Aug. 2-Sept. 30, 1925: Cases, 26.
Italy.....				
Java.....				
Batavia.....	Oct. 24-30.....	1		
Kraksaan.....	Oct. 11-17.....	11		
Malang.....	do.....	2		
North Bantam.....	Oct. 4-17.....	4		
Probolingo.....	Oct. 11-17.....	1		
South Bantam.....	do.....	1		
Soerabaya.....	Oct. 11-24.....	158	18	
Tegal.....	Oct. 4-10.....	9	1	
Mexico.....				July-August, 1925: Deaths, 905.
Peru.....				
Arequipa.....	Oct. 1-31.....		1	
Russia.....				May-June, 1925: Cases, 1,336.
Siam.....				July 12-Sept. 5, 1925: Cases, 21; deaths, 6.
Switzerland.....				June 28-Oct. 24, 1925: Cases, 36.
Tunisia.....				
Tunis.....	Nov. 21-30.....	2		

**TYPHUS FEVER**

Algeria:				
Algiers.....	October, 1925.....	2		
Argentina:				
Rosario.....	Oct. 1-31.....	1		October, 1925: One case.
Finland.....				
Latvia.....	October, 1925.....	2		September, 1925: Cases, 8; deaths, 1.
Lithuania.....				July-August, 1925: Deaths, 65.
Mexico.....				
Guadalajara.....	Dec. 8-14.....		1	
Mexico City.....	Nov. 22-28.....	12		
Palestine:				
Nazareth.....	Nov. 3-9.....	1		
Peru:				
Arequipa.....	October, 1925.....		2	July, 1925: Cases, 74; deaths, 9.
Rumania.....				May-June, 1925: Cases, 7,609.
Russia.....				
Union of South Africa:				
Orange Free State.....	Nov. 1-7.....			Outbreaks.